2010 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

Name of Committee Committee + Fleet Jinny Maxwell	Security 19/1 State
Address 1739 University Ave. PMB # 314	Secretary of
Telephone 662-587-1965 Fax 662-815-5040	EVATE SERVIVE
Treasurer Wes Davis Email wes@bigmtransport.com	
Check here if above is different from previous report	
TYPE OF REPORT	Bla - Johnson
May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	mandatory
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).	
November 18, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 20	010)Runoff Candidates
	equired to terminate reporting bilgations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (III).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar This Period Itemized + Non-itemized ≃ Year-To-Date Total amount of contributions Total amount of disbursements \$ 3,458.54\$ 253.89 \$ 3,712.39 7.621 Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 10/5/10 Signature of Director or Treasurer

Authority: Rafer to Miss. Code Ann. \$23-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices abould return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 19206 or fax to 601-359-1499 or 601-576-2819.

on tax to an important or county wide and county district offices should return forms to their county Circuit Clerk.

Amended

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Name of Candidate	or Committee	Committee	4.	Flact	51	14	Max	we11			
Reporting period	July 1,	2010	throu	ah	Sept	30,	2010				

ITEMIZED DISBURSEMENTS

A. Full name WYWCOR	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2084 Old Taylor Rd. Sunte -#106	71110	\$ \$300.00
Oxf. 1. Ms 38655	8/1/10	\$ 300,00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S Continuel Below
B. Full name WYNCOR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mulling Address 2084 Old Taylor Rd. Suit. #106 City, State, Zip Code	9/1/10	\$ 1,2.50. **
Oxford ms 39655	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 2,962.00
Nerda Bab's Golf	Date (Mo., Day, Year)	Amount of each disbursement this period
7608 N. Hoerry Ave. City, State, Zip Code	8/10/10	\$ 1,658,50
Oklahoma City, OK 73116		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1658.50
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_/_/_	5
Purpose of Disbursament (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregata Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		s
Purpose of Diabursement (Optional)	Aggregate Year-to-date	s